MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/018716	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	3	←		←		←
TOTAL DEP.	92					
TOTAL CLAIMS	95					

		*		*		*	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/				
52			/				
53			/				
54			/				
55			/				
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91			/				
92			/				
93			/				
94			/				
95			/				
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)